U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004

Through: 12

3. Name and address of person filing.  4. Name, file number, and address of labor organization.	
Name Douglas G Tweedy	Name Pacific NW Regional Council of Carpenters
	Labor Organization File Number 540 - 172
P.O. Box, Bldg., Room No., if any PO Box 1003	P.O. Box, Building and Room Number, if any
Street 17135 S. Hallbacka Ln.	Street 25120 Pacific Highway S, Suite 200
City Mulino	City Kent
State Oregon ZIP Code + 4 97042-100	State Washington ZIP Code + 4 98032-5436
i. Position in labor organization. Executive Secretary-Treasu	ırer
(except as specified in the e	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
a a mada mara a livra de a mara a manada a construir de la con	i, or derived income of other economic behalf of
nonetary value from an employer whose employees your organi	7.a. Nature of Interest, Transaction, or Income.
nonetary value from an employer whose employees your organi.  Name and address of Employer (including trade name, if any).	ization represents or is actively seeking to represent.
nonetary value from an employer whose employees your organics.  Name and address of Employer (including trade name, if any).  Name None	ization represents or is actively seeking to represent.
nonetary value from an employer whose employees your organic.  Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:	ization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ization represents or is actively seeking to represent.
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Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the
nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  State  15. Signature and verification. The undersigned declares, under penalts submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Douglas Tweedy		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Rainier Investment Management  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 601 Union Street, Suite 2801  City Seattle  State Washington ZIP Code + 4 98101-2327	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9,b, or 9,c, is checked give trust or employer's name,	11.a. Nature of such deali	ng.	amonte reported monte, as reconstructions are reconstructed and an discovered from the residence of the contract of the contra	
Name WA-ID-MT Carpenters-Employers Retirement Tru  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 5434	investment managem	ent		
Street 111 W Cataldo, Suite 110	11.b. Approximate dollar valu	ue of such dealing.		
City Spokane	12.a. Nature of interest hel	d or income received.		
State Washington ZIP Code + 4 99205-0434	10/6/2004 lunch me	eting		
	12.b. Amount.		\$30	
C Passived from any arrivary (allow that	Years A new A servery			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name none			BUTTABBUTAAAA	
Trade Name, if any:	Antidas a transport		манирини	
			. We will have a state of the s	
P.O. Box, Bldg., Room No., if any			PAYPARITANPE	
Street			en devenerates	
City	**************************************		AND VICTORIAN PAR	
State ZIP Code + 4		tive a columnia a sur half activities si color and activities color and activities activ		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	•		

Name of Person Filing Douglas Tweedy	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ding trade name, i	if any).	9. Business deals with:	
Name WA-ID-MT Carpenters-Em	ployers Reti	rement Tru	a. Labor Organization	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO B	Sox 5434		b. Trust	
Street 111 W. Cataldo, Suite	110		c. Employer	
City Spokane				
State Washington	ZIP Code + 4	99205-0434		
10. If 9.b. or 9.c. is checked give trust or em	nployer's name.		11.a. Nature of such dealing.	
Name as above		44 (44 (44 (44 (44 (44 (44 (44 (44 (44	Trust meetings	Opposition of the section of the sec
Trade Name, if any:			No. (Marie Control of American Control of Amer	
P.O. Box, Bldg., Room No., if any				пол песоое пос
Street				remainter entre en
City I	- Commence of the Commence of			especycles as the entire Annual Park
State	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	
			12.a. Nature of interest held or income received.	·
			reimbursement for meeting attendan 8/24/2004 - 189.46 8/31/2004 - 263.30 8/31/2004 - 437.56 12/7/2004 - 160.73	ce expense-
			12.b. Amount.	\$1,051

Name of Person Filing Douglas Tweedy	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:
8. Name and address of Business (including trade name, if any).	3. Dubiliosa udaia Willi.
Name WA-ID Carpenters-Employers Training Trust	a Labor Organization
Trade Name, if any:	a. Labor Organization
Trace Name, it any.	🔀 b. Trust
P.O. Box, Bldg., Room No., if any PO Box 5434	(25)
Street 111 W. Cataldo, Suite 110	c. Employer
City Spokane	
State Washington ZIP Code + 4 99205-0434	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name same as above	Trust meeting
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Trade Name, if any:	THE CONTRACT OF THE CONTRACT O
P.O. Box, Bldg., Room No., if any	Constitution of the Consti
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	reimbursement for meeting attendance expense - 11/5/2004 - 217.56
	The state of the s
	The state of the s
	The state of the s
	12.b. Amount. \$217

Name of Person Filing Douglas Tweed	У	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
Name WA-ID Carpenters-Employers H & S Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 5434  Street 111 W. Cataldo, Suite 110  City Spokane  State Washington ZIP Code + 4 99205-0434	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a, Nature of such dealing.
Name same as above  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Health & Security Trust meeting
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	reimbursement for meeting attendance expense - 12/16/2004 - 290.19
	12.b. Amount. \$290